

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature Agent
 Addressee
 X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery
JEFF KLUGE *2-4-23*

1. Article Addressed to:
*Jeffrey Kluge
 169845 Brickyard Dr.
 Ringle WI 54471*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



9590 9402 5175 9122 9719 11

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500) | |

2. Article Number (Transfer from service label)
 7018 0360 0001 1416 1588

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5175 9122 9719 11

United States
Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

WDNR
473 Griffith Ave.
WI Rapids WI
54443

Lance

Wisconsin Rapids Service Center
Wisconsin Rapids, WI

FEB 14 2023

RECEIVED
WI Dept of Natural Resources

